

# IMPORTANT HEALTH INFORMATION



Jennifer M. Granholm, Governor  
Janet Olszewski, Director

MDCH is an Equal Opportunity Employer, Services and Programs Provider.  
175,000 printed at 12 cents each with a total cost of \$21,192

Michigan Department of Community Health  
DCH-0675 (formerly HP-143)  
Authority: P.A. 368/1978  
(Revised 4/04)

## Table of Contents

	Page
• What is an HIV test? .....	1
• Will the HIV test tell me if I have AIDS? .....	1
• How long after exposure does it take to tell if I am infected?1	
• How does a person become infected with HIV? .....	1
• Do I have to have this test? .....	2
• Who should consider having the HIV test? .....	2
• Where can I have the test performed without my name being used? .....	3
• Who will know the results of my test? .....	3
• Are there any risks involved in having the test done? .....	4
• What will happen to the consent form after I sign it? .....	4
• Can I change my mind after I sign the consent form? .....	4
• How will this test help me? .....	4
• Whom should I tell if I am HIV-positive? .....	6
• What if I have more questions? .....	6

# HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY TEST

## INFORMATION BOOKLET

### with Consent Form

**Q: What is an HIV Test?**

A: ...Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS).

Laboratory tests tell whether you have been infected with HIV. A test is not considered positive unless a different backup test is done and also reads positive. These tests are conducted on a single sample of your blood or on an oral sample from your mouth or on a urine sample. Test results may, on rare occasions, be inconclusive, and this possibility should be discussed with your health professional.

**Q: Will the HIV test tell me if I have AIDS?**

A: ...No. A positive test means you have become infected with the virus. While some people infected with the virus have gone on to develop AIDS, others have not yet developed AIDS. Healthy lifestyle and behavior changes, improved diet, and, most importantly, early medical treatment may help you delay, or avoid, the development of AIDS.

**Q:.....How long after exposure does it take to tell if I am infected?**

A: ...Most people will test positive within three months after exposure. The average time is less than one month. However, a few people have taken up to six months or even one year to test positive.

**Q: How does a person become infected with HIV?**

A: ...The virus is most commonly spread through sexual contact (vaginal, anal, or oral sex) and by sharing needles or works to shoot injectable drugs. An infected mother may infect her baby during pregnancy, at the time of birth, or while breast feeding. Very rarely, contact with blood through open cuts or wounds, or splashes to the eyes, may also spread the virus. **You cannot get infected with the virus by donating or giving blood, or through casual contact.**

**Q: Do I have to have this test?**

A: ...Generally, getting tested is your decision. In Michigan, testing is required if you are a potential organ, semen, tissue, or blood donor; a military recruit; an immigrant; or if you have been charged and bound over, or convicted of certain crimes in a court of law. In addition, some health care facilities may have an admission requirement that you consent to be tested if a health care worker is accidentally exposed to your blood during your stay in their facility.

An insurance company has the right to request that you take an HIV test if you apply for new health or life insurance. If you refuse or if you test positive, as with any other potentially serious health condition, you will probably be turned down for this new insurance.

**Q: Who should consider having the HIV test?**

A. ...The Michigan Department of Community Health recommends that HIV testing be considered by anyone who meets any of the following:

- People who have had a sexually transmitted disease (venereal disease).
- People who have shared needles or who have a history of drug abuse.
- Men who have had sex with other men.
- Men or women who have had unprotected sex with anyone whose HIV status is unknown. (Unprotected sex means there has been an exchange of semen or vaginal secretions between the partners.)
- People who have had more than one sex partner.
- People who have had sex with prostitutes (male or female).
- People who received blood products or blood transfusions between 1978 and 1985.
- People who exchange sex for drugs or money.
- People who are infected with tuberculosis.
- People who have had exposure to the blood of someone who may be infected.
- People who have had sex with any person from the above list, particularly with injecting drug users.
- **Women who are pregnant or who are considering pregnancy.**

- Women who are diagnosed with invasive cervical cancer.

**Q: .... Where can I have the test done without my name being used?**

A: ...All local health departments and other testing centers designated by the Michigan Department of Community Health will provide the option to you to be tested with your name (confidential testing) or without your name (anonymous testing). Any person giving you this test is required by law to keep your test results confidential, with a few exceptions specified by law. If you request testing without your name, these facilities have trained counselors who will counsel you on an anonymous basis. If anonymous testing is done and you have a positive test, you need to know that health care and treatment are not provided on an anonymous basis.

**Q: Who will know the results of my tests?**

A: ...Any person giving you this test is required by law to keep your test results confidential. Even the courts must follow specific rules before they can require disclosure through a court order. A subpoena is not sufficient to require disclosure; you will be asked to sign a separate release form. If this information needs to be released beyond the requirements of the law, you will be asked to sign a separate release form.

In Michigan, positive test results are reportable to the state and local health departments. The health department will maintain your confidentiality and use this information to understand the extent of infection in Michigan's communities. This information may also be used by your health provider or local health department as needed to properly diagnose and care for you and protect your health, to assist you in notifying your sexual or needle-sharing partners, and to prevent spread of the virus. The test results, if positive, will also be given to a potential spouse if you are planning to get married. If you are a health care worker, you should be aware of state guidelines regarding infected health care workers.

If you are tested in a physician's private practice office, or in the office of a physician affiliated with or under contract with a Health Maintenance Organization, you may request that your name, address, and phone number not be included in the HIV-positive report to your local health department. It is against the law in Michigan for local health departments to keep lists of names of infected people.

Michigan law now requires that, if you are infected, your physician or the local health officer must warn (notify) all of your known sexual or needle-sharing partners of the fact that they have been exposed. In doing this, they are required to keep your identity confidential.

**Q: Are there any risks involved in having the test done?**

A: ...There are three ways you can be tested for HIV. They are by drawing a sample of blood, taking an oral sample from your mouth, or testing your urine.

There are virtually no medical risks in drawing a small sample of blood. Only sterile needles and syringes are used for this purpose. Once the needle or syringe is used, it is safely thrown away or properly sterilized. If an oral sample from the mouth is used for the test, a specially-treated pad is placed between the lower cheek and gum and held for two minutes. This causes no risk or pain. The urine test requires only a urine sample.

Before you are tested, you should carefully think about to whom you would tell the results, and what emotional support systems are available to you. The Michigan Civil Rights Commission has ruled that AIDS, HIV infection, and the suspicion of AIDS or HIV infection are considered handicapping conditions. Therefore, people are not to be discriminated against, and have all the rights of a handicapped person as defined under the Michigan Persons with Disabilities Civil Rights Act, PA 220 of 1976 (formerly, the Michigan Handicappers' Civil Rights Act). Federal laws make similar rulings through the federal Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The Americans with Disabilities Act of 1990 strictly forbids discrimination against persons with HIV or AIDS.

**Q: What will happen to the consent form after I sign it?**

A: ...If you decide to be tested, you will be asked to sign a consent form. If you test anonymously, you can sign using a number or a fake name. Procedures for filing the consent form will vary from facility to facility. Please ask your health professional if you would like to know what their confidentiality procedure is.

**Q: Can I change my mind after I sign the consent form?**

A: ...Yes, you can change your mind at any time before the laboratory performs the test. If you change your mind, you will have to provide a written request that the test not be done to the person or organization providing you with this information booklet.

**Q: How will this test help me?**

A: ...If you are tested, you most likely will be required to appear in person to get your test results. Whether your results are positive or negative, your overall health may be helped from discussions with your health professional.

If you test negative, the test indicates either that you are not infected, or possibly, that you were infected very recently (within the past 3-6 months). You can learn

through counseling how to protect yourself from infection in the future. If you have recently practiced risky behavior, you may want to be retested.

If you test positive, the test indicates that you have been infected with HIV. You can still take action to benefit your health and **reduce the chance of infecting others**. This includes maintaining a good state of physical and mental health. By doing so, you may delay the development of AIDS. It is suggested that you:

- Seek medical treatment immediately. Many drugs are now available for treatment of persons infected with HIV even if symptoms are not present. Early treatment is usually beneficial to many people with HIV.
- Receive all recommended vaccines. Discuss with your physician which vaccines are recommended and which should be avoided.
- Maintain good nutrition, exercise and get adequate rest.
- Receive emotional support and work on managing stress.
- Eliminate recreational drugs, or at least reduce alcohol and smoking.
- Stop injecting drugs. If you continue to inject, stop sharing equipment, and use a new syringe and needle each time. At the very least, you should learn to clean your needles or works with full-strength bleach and water.
- Don't have vaginal, anal, oral or other sexual contact that exposes others to your semen, vaginal secretions or blood. Avoid exposing others and getting sexually-transmitted diseases (through abstinence or by always using latex or polyurethane condoms or barriers).
- Inform all known sexual or needle-sharing partners including only new partners about your infection.
- Do not donate blood or organs (change designation on driver's license).
- Seek counseling regarding becoming pregnant or fathering a child.
- If you are pregnant and planning to continue that pregnancy, discuss with your physician treatments that may protect your baby.

**Q: Whom should I tell if I am HIV-positive?**

A: ...If you test positive, you need to know that this infection is not passed to another person through casual contact. Michigan law requires that you must notify any new sexual partner prior to having sex with them. Past sexual and needle-sharing partners are to be notified so that they can also be counseled and offered testing. If requested, your local health department will provide you assistance in notifying partners.

Inform all health care providers, both medical and dental, who are providing you treatment, about your HIV infection. This help them care for you.

The law prohibits health care providers from refusing to treat you based upon your HIV infection.

New guidelines indicate that HIV-infected pregnant women should undergo treatment for HIV disease. This treatment may reduce the risk of transmission to the newborn by 60 - 70%.

Finally, be careful about discussing your HIV status with others. Some people may not understand the nature of the infection or how it is actually spread. This may lead to misunderstanding and create problems for you with friends, co-workers, or others.

**Q: What if I have more questions?**

A: ...Please ask the health professional who gave you this booklet. Your health professional will have the answers to your questions or will get the answers for you.

You should feel free to call the statewide AIDS information hotline (1-800-872-AIDS; Spanish 1-800-862-SIDA; TDD 1-800-332-0849) or your local health department at any time if you have questions or need help.



**CONSENT FORM FOR THE HUMAN IMMUNODEFICIENCY VIRUS  
(HIV) ANTIBODY TEST**

I have been informed that my blood, an oral sample from my mouth, or my urine will be tested for antibodies to the Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

I acknowledge that I have been given an explanation of the test, including its uses, benefits, limitations, and the meaning of test results.

I have been informed that the HIV test results are confidential and shall not be released without my written permission, except to \_\_\_\_\_, \* and as permitted under state law.

I understand that I have a right to have this test done without the use of my name. If my private physician does not provide anonymous testing, I understand I may obtain anonymous testing at a Michigan Department of Community Health-approved HIV counseling and testing site.

I understand that I have the right to withdraw my consent for the test at any time before the test is complete.

I acknowledge that I have been given a copy of the booklet *Important Health Information*. I have been given the opportunity to ask questions concerning the test for HIV antibodies, and I acknowledge that my questions have been answered to my satisfaction.

By my signature below, I consent to be tested for HIV.

\_\_\_\_\_  
Patient/Parent/Guardian Signature ..... Date

\_\_\_\_\_  
Witness ..... Date

**AT THIS TIME, I DO NOT WANT TO BE TESTED FOR THE HUMAN IMMUNODEFICIENCY VIRUS**

\_\_\_\_\_  
Patient/Parent/Guardian Signature . ..... Date

\_\_\_\_\_  
Witness ..... Date

**\*Please write in the physician or health facility name who will receive the HIV test results.**

**Original - FOR RECORDS**

## CONSENT FORM FOR THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST

I have been informed that my blood, or oral sample from my mouth will be tested for the Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

I acknowledge that I have been given an explanation of the test, including its uses, benefits, limitations, and the meaning of test results.

I have been informed that the HIV test results are confidential and shall not be released without my written permission, except to \_\_\_\_\_, \* and as permitted under state law.

I understand that I have a right to have this test done without the use of my name. If my private physician does not provide anonymous testing, I understand I may obtain anonymous testing at a Michigan Department of Community Health-approved HIV counseling and testing site.

I understand that I have the right to withdraw my consent for the test at any time before the test is complete.

I acknowledge that I have been given a copy of the booklet *Important Health Information*. I have been given the opportunity to ask questions concerning the test for HIV, and I acknowledge that my questions have been answered to my satisfaction.

By my signature below, I consent to be tested for HIV.

\_\_\_\_\_  
Patient/Parent/Guardian Signature . . . . .Date

\_\_\_\_\_  
Witness . . . . .Date

**AT THIS TIME, I DO NOT WANT TO BE TESTED FOR THE HUMAN IMMUNODEFICIENCY VIRUS**

\_\_\_\_\_  
Patient/Parent/Guardian Signature . . . . .Date

\_\_\_\_\_  
Witness . . . . .Date

**\*Please write in the physician or health facility name who will receive the HIV test results.**

**Original - FOR CLIENT**